

TO BE AND NOT TO BE
the situation of people with disabilities in Hungary after the
reforms of Maria Theresa and Emperor Joseph II.

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Abstract

The purpose of this paper is to investigate the effects of the Enlightenment on the way people with disabilities were approached in Hungary in the late eighteenth and nineteenth centuries. The author examines various sources ranging from book reviews through to private letters to find out about the changing nature of this approach and concludes that although rulers and decision makers in Hungary were against the Enlightenment in words, they were greatly influenced by its ideas which resulted in an active involvement of the people in community affairs including specialized care for people with disabilities. Nevertheless, an ambiguous attitude is observed towards people with disabilities throughout the period as the old traditions in part followed by the church are mixed with enlightened thoughts to create a paternalistic but more or less liberal attitude towards people with disabilities.

Preface and acknowledgements

I started working with people with disabilities as a volunteer in 1993. Through the coming years I eventually found the reason of my life in this vocation. In bringing this thesis to life I owe most thanks to Judit Németh, a physically disabled person living with worsening PCP, who died last July due to an unsuccessful heart surgery. She was my best friend and most influential inspiration. I also give acknowledgement to the people living and working in the State Institution for the Physically Impaired (Mozgássérültek Állami Intézete) in Budapest for giving me encouragement and first-hand experience on the lives of the physically disabled. My present work with the L'Arche (Bárka) Community in Dunaharaszti, Hungary with mentally disabled is a rare and life-changing experience as well, though community members might not be aware of it.

I must also express my greatest gratitude to György Mikešy, director of the András Cházár School for the Deaf in Vác, Hungary, who provided me with invaluable help by supplying documents for this paper.

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1. Introduction

If we take a walk on the street on an ordinary day we see people of different ages, of different sexes, people dressed in various clothes. If they happen to be beautiful or different in any positive way, we tend to remember them afterwards, maybe greet them the next time we meet. Yet, if we see somebody or some *mind* ugly or stupid, we turn away and try to forget them in our natural outrage, maybe care for a quick smile or laugh at that most interesting scene. What is natural for us in one case might not seem so in another.

Just as we have made differences and, as our next step, choices between people, differentiation between people and their times has been the purpose practice of history ever since from the early ages. Yet, it is exactly the people, the *ανθρώποι*, that have been investigated the least. Lessons from political history have been learnt, we now know much about people's lives, about what they did and how they thought. Lives of marginalized communities and people with no written history are also researched. The majority of people have been covered somehow, but those with mental or physical disabilities are less considered. It is true even at a time when attention to the rights and possibilities of people with disabilities has reached an intensity never seen before.

In this thesis I will focus on the ways people with disabilities were looked upon in the late eighteenth and nineteenth century Hungary as a result of the Enlightenment. As the policies of enlightened absolutism changed the everyday lives of people, the situation of and the general attitude towards people with disabilities has also changed.

During the reign of Empress Maria Theresa and Emperor Joseph II., there was major development in medical education and health services in Hungary, which showed a changing attitude of the state towards the sick, the poor and people with disabilities. On the other hand, changing the attitude of the people was not so easy, and the process has been going on ever since. Looking at people with disabilities without taking primary notice of their disability rather than their personality is not an everyday practice even in developed countries. Moreover, in this respect the West has a lot to learn from less civilized communities.

In order to get an insight into the lives of people with disabilities I will first give a short history of these people in Europe, which will be followed by an overall description of the Enlightenment, the two emperors and their social and medical reforms. The results of the reforms initiated by the Enlightenment will be shown through the changing attitude towards those with disabilities and through the institutional changes in Hungary at the beginning of the nineteenth century.

2. Approaching disability

When dealing with disability it is important to define what is meant by this phenomenon. In this thesis I will deal with people with physical or mental disorders that seriously limit their ability to lead a normal life. Differentiation between disabilities is as old as civilization itself. The mad or those with mental illnesses were never considered together with the physically disabled. Physical disability means blindness, muteness, deafness and missing or non-functional limbs. Mental disability signifies different degrees of intellectual retardation. Spiritual defects such as depression or psychotics are not considered disabilities but illnesses, though symptoms are often the same. Of course, the various disabilities may go together with one another in any combination. The degree of disability may also vary.

Disabilities can be of different origin. Some people are born with disabilities either genetically or through complications during birth. Others may become disabled through a carried or acquired disease. The rest suffer accidents.

Disability differs from illnesses in that it is a status, a situation that cannot be changed or cured through conventional treatment. What medical science can do is usually to prevent the

situation of the person from getting worse, but it cannot heal him permanently. Nevertheless there is no strict dividing line between illnesses and disabilities. It has now become a focus of medical research to cure disabilities, and it is showing results in the case of blind or deaf people and also in the case of some physical disorders. Still, in most cases of people with disabilities the term *rehabilitation* is not applicable. These people have not *lost* something, but in reality they never had a “normal” state. In these cases what research can now help to do is to *habilitate* them, to give them a chance to enjoy life as they would like it, as they are able to. In other words this means the toleration and appreciation of being different.

The notion of disability is connected to the institutionalization of the care for people with physical and mental deformities, a process initiated by the Enlightenment. In western culture this took two ways. In France and England disability and care for people with disabilities was approached from the point of view of the individual, who had a certain disability that had to be treated. In Central and Eastern Europe the German model was followed by the establishment of institutions. Hungary and Austria followed this latter approach, which was even more perfected by socialism, when there were practically no people with disabilities on the streets, but they were confined in specialized institutions. This difference is still felt today in the fundamental dilemma about special education: socialization and education of the disabled person through integration or segregation according to health and need of special education. In this respect the concept of disability is still split in western culture as well. It is important to make these differences, as in many languages the term “disability” simply does not exist, but disabilities are called by their individual names, and attitudes towards these disabilities vary greatly according to their nature.

The term *disability* in Hungarian first appeared in the Érdy Codex from 1524-1527 meaning a defect, *defectus*. *Disabled* only appeared much later, in 1765, still meaning a person with a defect. The word *disabled*, as a category is only used from the beginning of the twentieth century.¹

There are many questions arising from dealing with disabilities and people with disabilities themselves.

From a scientific point of view it is important to define who people with disabilities were, what percentage of the population were they, what were their living conditions, what did they think of themselves and that was thought about them.

But there are other questions as well. How were people with disabilities different from the sick in general? How was disability separated from other abnormalities in life such as the birth of twins or being ugly according to the notion of considered to be beautiful in a certain culture? Were people with disabilities looked upon as ceremonial objects? How was the origin of their disability perceived? Were the parents and relatives or somebody else responsible for the disability? Did people with disabilities themselves carry any kind of responsibility for their own disability? How were traditional approaches to people with disabilities manifested? What was the basic conception and definition of personhood? How did supernatural and transcendental beliefs affect the view of people with disabilities? What were the natural and legal rights of a person with disability? How were people with disabilities allowed to perform their natural rights? Were people with disabilities integrated or segregated from the rest of the society?

3. Literature, sources and methodology

Reading Emmanuel le Roy Laurie’s famous work *Montaillou*, which shows the everyday life of a French village in the south at the turn of the fourteenth century we find that there is not a

¹ Subosits – Göllesz, 129.

single reference to people with disabilities.² Nevertheless, the situation of scholarly study in this field is not so hopeless. *History of Sex* by Michel Foucault or his *Madness and Civilisation* takes the reader into a world of private-history, a history that talks not about the person, but of the *homo sapiens* as a complex biological creation. Foucault's brilliant essays bring us only part of the story, and hint little at places outside Western Europe. Similarly, Fernand Braudel only touches the subject and has nothing to say about Middle- and Eastern Europe and neither does the famous medical historian Roy Porter.

Works of medical history and literature have revealed a considerable part of people's lives, how they were looked upon and what their social status was. Reports from human rights' groups and autobiographies of people with disabilities are also given more attention in line with the growing attention to all minorities. The increased activity and influence of minorities' associations shed light on the contemporary discrimination these people have to face day by day and the history of these groups.

Hungarian literature is rather limited in this field. Works of medical history have dealt with the subject, though they mostly consider either the institutions or the illnesses themselves. Articles in the *Acta Historiae Medicinae* say little about disabilities but consider the symptoms as illnesses. The people are rarely mentioned. Particular attention to the situation of people with disabilities was first raised in the 1970s and 1980s. Sociological case studies revealed the overall situation of these people, and they have helped to turn attention to historical times as well.³

The ideal methodology is revealed by the authors of essays in *Disability and Culture* edited by Benedicte Ingstad and Susan White. These works are based on several years of fieldwork in the 1970s and 1980s in different cultural environments. The essays show the everyday life of people with disabilities in communities still based on ancient traditions and are able to translate the attitudes towards people with disabilities into the language of Western civilizations. Conceptions of illness, spirit and disability itself are discussed, which are different from our experience. Although works are not available from the eighteenth century, they are rather informative as they structure the fields of interest and reveal a variety of views about people with disabilities. On the other hand, some precaution is needed in using the findings of cases from different times and cultural settings. Such a tendency is based on a supposed morphological similarity, which is rather simplifying and rarely justified.

The possible source material available is quite huge in volume but also very much unorganized. Letters and other contemporary documents from the period located in the Hungarian State Archives are not listed accordingly and they are mostly in Latin or Gothic German which I do not read or have little practice working with. For this reason I had to limit the scope of the research to letters by noble woman from the period and to contemporary newspaper articles about the subject. Besides illustrations of their everyday lives, they include reports about their own state of health reflecting their attitude towards illnesses in general. Reports from hospitals are also relevant sources as the poor, the sick, the blind, the mad, the disabled and often prisoners were locked into one institution and considered as one. Another field that interested people is "monsters", children born with spectacular physical deformities such as Siamese twins.⁴ They were of interest to the people at that time and thus often

² Reference to the handling of old people can be found without respect to their physical or mental state. Le Roy Ladurie, 309-310.

³ Besides, many works of film, literature and art have dealt with disabilities. Who can forget the closing scene of Milos Forman's most famous movie *Amadeus*, when the disabled and long forgotten composer Antonio Salieri is taken to the toilet while giving blessings as the "saint of average people"? Well known films such as *Born on the Fourth of July*, *The Piano*, or *My Left Foot* also transmit strong messages.

⁴ This specific field of study used to be called teratology that now means the study of everyone born with a serious handicap. Czeizel – Sibelka, 9.

mentioned. Important information is found in documents about the establishment of institutions for people with disabilities including official and private letters, speeches and charters.

Generally the history of madness is much more developed than that of other disabilities. Being the most spectacular and wildest of all disabilities madness was investigated the most. Still, it is a field with many questions open.

4. A short history of people with disabilities

Walter Bachmann calls the history of people with disabilities the history of “theological speculations” rather than primitive pagan beliefs.⁵ In his view the efforts of the Church to keep a distance from the handicapped lead to such a cultural shock which is still felt today. While agreeing with this statement, Kőnczei puts more emphasis on the basic instincts of both animals and humans for the healthy ones to kill those with some kind of a disability.⁶ He also states that generally great human cultures such as the ancient Greek and Egyptian traditions, the Jewish beliefs or Christianity, do not discriminate.

4.1. Ancient civilizations

Children born with mental or physical disorders have always interested people. In ancient Babylon they were considered to represent a message from the gods. In ancient China and Egypt psychotics were held to be able communicate with gods, thus they were very much respected. These languages had the same word for “prophet” and for “insane”.

Greek mythology created several strange-looking creatures such as centaurs, sirens and satyrs, and new-born babies were allegedly tested about their flawlessness in Sparta. The Greeks used opium for melancholy as they originated it to the abnormalities of body fluids according to Hippocrates, who called mental disability a disease of the body. They did not make a difference between madness as psychic or a disease of the body.⁷ Soronus of Ephesus opposed aggressive physical treatment of psychotics and advocated the removal of blood and the use of stimulation instead.

Epilepsy was called *morbis sacer* or *morbis divinus* in ancient Rome, which allowed the father to kill his disabled child on the other hand.⁸

4.2. Middle Ages

People with disabilities in parts of Europe occupied by the Arabs in the Middle Ages received much better care than those in the Christian world. The conquerors brought the tradition of their ancestors who respected the insane as people blessed by Allah and established specialized homes as early as 800 AD. If there were not enough places, they were let go and fed by the public. The first public madhouses on the European continent were opened in 1306 in Valencia and were quickly followed by several institutions in the occupied territories.⁹ Arab doctors used work- and music therapy in treatment following the theories of Avicenna and Maimonides, and even after the *reconquista* care for the insane in Portugal and Spain was much more humanistic than in other parts of Europe.¹⁰

⁵ Bachmann, 9.

⁶ Kőnczei, 19.

⁷ The Greek word *mania* meant both *madness* and *poetic inspiration*.

⁸ Pólya, 456.

⁹ Ibid, 118.

¹⁰ Hárđi, 167.

During its early years the Roman Catholic Church held that psychotics could be cured by spiritual force and chained them in churches. Priests, experts in most medicinal practices including traditional elements, conducted the treatment of the sick.

The increasing power of the church in the eleventh and twelfth century gradually led to a ban on priests to perform such roles and patients, people with disabilities were removed from convents where they were previously completely isolated and handed over to lame organizations.¹¹ Still, in 1276 Petrus Hispanus became the first and only doctor to become Pope by the name John XXI.¹² The Christian West in the Middle Ages considered people with disabilities as sinners punished by God, which marked their relatives as well.¹³ Therefore a tendency to hide disabled or send them away could be observed. Psychotics and the mentally retarded were placed among the poor in prisons or in so-called “hospitals”. They were left there rather to die than to be treated. The insane were also locked in cages to the fun of the public.¹⁴ The first state established social institutions set up in England as a result of the Poor Laws of 1601 and in France were also for the poor accepting the insane.

Inquisition and punishment of witches in the Middle Ages showed the intolerance of the Church towards unofficial theories, including ideas about the origins of disability. The insane were natural subjects to prosecutions against witches as their behavior could best be explained this way.¹⁵ Psychiatry was no longer considered a terrain of doctors but it became a theological science, and remained the terrain of priests. If a doctor could not find a cure for an illness, the person could always be accused of being a witch infected by the Devil. The origin of witchcraft was explained by the evil desire for physical pleasures especially infecting women.¹⁶

Club-foot, often together with speech defects, was also considered a signal of evil in the Middle Ages.¹⁷ People living with such diseases belonged to the category of human monsters, who were not considered as human beings due to their animal-like outlook.¹⁸

4.3. *The Renaissance and the Enlightenment*

It took almost 400 years before Johannes Weyer (1515-1588), the doctor of the prince of Jülich-Cleve-Berg Wilhelm V. published the pamphlet *De praestigiis demonum* in 1563 arguing that witches did not exist, but they were simple people with live imagination or were

¹¹ Pope Gregory IX. forbade priests to perform chirurgical operations in 1230, and such activity shifted slowly into the hands of convent servants and then non-church people. The study of several natural sciences including physics was forbidden for priests at the end of the thirteenth century.

¹² As a doctor he wrote the book *Thesaurus pauperum*, a list of medicines for the poor, and he also classified the different illnesses of the mind, which according to his view were caused by the excessive production of certain body fluids – similarly to the Greeks mentioned earlier. Schott, 102.

¹³ Pólya, 456.

¹⁴ On the other hand, madness was also attractive to people as sometimes it was the only way to solve personal problems. Popular belief was that there was a little stone in the brains of these people that caused them to become insane. See the painting by Pieter Brueghel in Schott, 102. Mass madness was common in France in the eleventh century in the form of dance-fury, and crusades and pilgrimages in the twelfth and thirteen centuries also belong to this category. Enclosure and self-torture in monasteries and convents lead to the *fešta innocentum*, strange events for members to relieve their frustrations.

¹⁵ The ritual of driving out the demons from the insane was first regulated by the Catholic Church in 1614. Schott, 170. Witches were executed in protestant areas as well. Linzbauer, 99.

¹⁶ Zsakó showed that psychotics were quite common in witch-cases both among the accusers and among the defendants. Zsakó (1916), 541.

¹⁷ Schott, 195.

¹⁸ The name *monster* originates in the Latin word *monstrare*, meaning that their being was rather for *showing* them to the public than to live a normal life. See the work of Ulysses Aldrovandi presented in Czeizel – Sibelka, 20. Katalin Medici of Florence was reported to have had collected human dwarfs in her palace in the seventeenth century and made them marry each other to create a generation of dwarfs. See Tellyesniczky, 221.

affected by a missed cycle.¹⁹ Although this date is considered as the beginning of a slow end to the execution of witches, there were several others thinking the similarly before Weyer. In the Renaissance disabilities were gradually thought of once more as illnesses with natural causes. The changing attitude towards the ill and people with disabilities was reflected in the words of the most famous doctor of the era, Paracelsus (1493-1541): “The mad are ill and they are our brothers and sisters. Treat them accordingly as we do not know when one of us or of our relatives may come to such destiny.”²⁰ In treatment it was common belief that pain cured and therefore people with disabilities remained in prisons-like institutions where they were held by chains and beat several times a day.²¹ The “Hôpital générale” in France and similar German institutions were also combinations of a hospital for the poor, the mentally disabled, and the mad.²²

Disturbances of the mind were considered *psychosis* indicating that they were illnesses of the *psyche*, the spirit, rather than of the brain.²³ Therefore the cure of such illnesses was still the terrain of philosophers and less that of doctors. Writing about psychiatry Kant and Hegel called their work the “philosophy of madness”.²⁴ Even in 1828 Regnault supported the view that judges did not need the assistance of doctors in determining the defendant’s state of mind as it was a moral question and not a medical one.²⁵ Treatment of the spirit was based on maintaining authority over the person by giving him work and removing “temporary causes” with sudden shocks.²⁶ Such inhuman practices ended only in the nineteenth century.

In 1774 the Prince of Florence, Leopold issued the first edict in history to protect the insane and the retarded which were treated brutally.²⁷ He was also among the first to state that these people were not criminals, but sick people. Inspired by the Enlightenment at the end of the eighteenth century Pinel and Pussin realized that the insane had human rights including proper care and attention. Called the Father of Special Education, Pinel and his followers, among them Esquirol, introduced work therapy and created a pleasurable atmosphere for the mentally disabled.²⁸ They also denied the use of force and unnecessary shocking methods during treatment.²⁹ Nevertheless, Pinel’s conception did not consider mental disability as an illness of the body, but originated it to spiritual defects. A revival of Pinel’s work was seen in England by Connolly.³⁰

The Enlightenment also brought the establishment of specialized institutions for the different disabilities (blind, deaf and dumb) in France, which was quickly followed by similar institutions all over Europe.³¹

¹⁹ His work also included a scientific description of hysteria. Schott, 152.

²⁰ Donath, 170.

²¹ Bakonyi, 26. This practice was reinforced by King George II. in 1744, but stopped as King George III. turned mad and was put into a similar institution.

²² Schott, 207.

²³ Pólya, 455.

²⁴ Pólya, 456.

²⁵ He also stated that committing a crime was similar to being mad. Csapodi, 531.

²⁶ Hollós, 1910.

²⁷ Gálfi, 103.

²⁸ Schott, 241.

²⁹ Strangely enough, the ideas of Pinel did not hold long in France, and Salpêtrière hospital was among the last to abandon the use of force during treatment in 1880. When Ferenc Bene visited Pinel and Esquirol in 1826 he saw no sign of work-therapy and patients of psychiatry were locked in cages, though he admitted that the institution “was not a prison.” He also noticed the great differences between institutions in the treatment of the insane. Horánszky, 211-212.

³⁰ Schott, 304.

³¹ Schott, 391.

5. Disability in Hungary before Maria Theresa

The first charity institutions for the poor and the sick called the *xenodochium* were established in Hungary by the church and appeared around 1000 in Esztergom and in Pécsvárad.³² They were operated by the Benedictine Order, the Johannites and also by other church congregations. They continued working with the sick even after the Catholic Church prevented priests from working as doctors. Charity institutions were the only ones to operate hospitals until public institutions appeared at the end of the eighteenth century. Attention to the casualties of wars was first raised in the middle of the seventeenth century during the Thirty Years War, sometimes called the First World War, when camp hospitals were set up.³³

Active attention of the state to the ill was only expressed in the end of the eighteenth century as a result of the Enlightenment. The first pharmacies were opened by church orders in the thirteenth century in Hungary, but only large towns had them until the end of the 1700s.

The first medical school in Hungary was reported to be opened in Veszprém in 1276 under King László IV., but it did not stand for long. Similar happened to the *Academia ispolitana* established by János Vitéz in 1465 under King Mátyás, and between 1467 and 1477 records show that a *Studium generale* was operating in Buda with a hospital and pharmacy. In spite of such initiatives, most Hungarians interested in the medical profession and in other sciences had to visit universities in Western Europe, mainly in Italy, the Netherlands and Germany. Development of medical practices also came through Germany and Italy.

In terms of legislation about the mentally disabled, execution of witches in Hungary were condemned by King Kálmán as early as the beginning of the twelfth century by stating that “de strigis vero, quae non sunt, nulla quaestio fiat.”³⁴ Nevertheless, they were continued until 1768. The Tripartitum by István Werbőczy from 1514, did not come to the status of an official legislative codex, but was in practice throughout the feudal period. In Section 55 of it was stated that psychotics must be taken care of by the parents and in return their belongings could be sold. Werbőczy also introduced the notion of guardianship into Hungarian legislation in Section 124.³⁵ Werbőczy’s work guided dealing with people with disabilities for many centuries as after this the next particular law about people with disabilities had to wait until 1876.

6. Enlightened views about disability

6.1. The Enlightenment in general

The changing character of thinking about disabilities in the eighteenth century is impossible without understanding the Enlightenment. According to Immanuel Kant’s famous definition “The Enlightenment is the growing up of mankind from its own childhood. Childhood is nothing else but the missing ability to use one’s own rationality without the direction of an outside rationality. This childhood is caused by our own fault, if its source is not rationality, but the lack of initiative and braveness. ... Sapere aude!”³⁶

The origins of the Enlightenment go back to seventeenth century Netherlands and England to Descartes, Francis Bacon and Spinoza. The superiority of tradition was only loosened by humanism and the Renaissance, but it did not question it.³⁷ The breakthrough came from the Enlightenment, which freed man from the constraints of tradition and turned back to the prehistoric man, just as the Renaissance idealized the man of the antiquity and Reformation

³² Linzbauer, 21-24.

³³ Linzbauer, 85.

³⁴ “Not a word should be said about witches that do not exist.” Linzbauer, 99.

³⁵ Babarcsi Schwartz, 17.

³⁶ Nyíri, 250.

³⁷ Nyíri, 250-253.

the pure Gospel, the Christian man. Followers of the Enlightenment used the power of reason against tradition to understand the world, and used science based on experiment and observation as the foundation of their ideas. This gave great self-confidence to man, who thought that he was close to finding the ultimate secrets of nature and could finally rule the world. The Enlightenment was the first movement to advocate the use of scientific results in practice, and brought great development to almost all areas of private and public life. This meant changes in the political structure, natural and social sciences, education, legislation, public welfare, public institutions, and economy, just to name a few. It also changed the character of religion, and forced the Catholic Church to bring the word of Christ closer to the person, which was finally manifested in the results of the Second Vatican Council that recognized human rights and considered them the manifestations of an independent Christian human ideal. Cooperation of different churches to serve human welfare and peace and efforts to unite Christians divided into several churches is also an important result of the Enlightenment.

On the other hand it is also due to the Enlightenment that the power of the Church declined sharply and many people lost ground of their lives. Separation of the state and church created a gap between man and his Creator, and made ethics and morals secondary to existential problems.

6.2. *The Enlightenment in Hungary*³⁸

The French Enlightenment was always received with skepticism in Hungary and in Eastern Europe. One reason for this was that due to the natural geographical lines of communication it was mostly transferred through German areas and to a much lesser extent, Italy, whose role was confined to the preparation stage in the early 1700s.³⁹ Of course, there were important direct links as well, such as travels by Count Ferenc Széchenyi, Miklós Vay or Gergely Berzeviczy, who nevertheless went to England via Göttingen. Germany and Italy acted both as a medium of transfer and also as models to the Hungarian Enlightenment. Young Protestants attended German universities, while Catholics, mostly Piarists, visited Italy. The growing role of Vienna in the transfer of German culture should also be noted, which served as a model in the care for people with disabilities.

Another geographical reason for the German and Italian influence in the Enlightenment in Hungary was that these areas had both developed and peripheral regions similarly to Hungary, and thus had to give answers also to such problems that were non-existent or already dealt with in France and England. Such questions are, for example, the use of the local language.

The Enlightenment in Hungary consisted of four different directions as characterized by Kosáry. One was enlightened absolutism, whose Habsburg variation represented by Empress Maria Theresa and Emperor Joseph II. had many Hungarian and non-Hungarian supporters in the country. It tried to elevate and modernize the feudal system to the needs of the time while preserving its basic feudal establishment.

The noble opposition to enlightened absolutism represented another line. It also intended the modernization of the country with the preservation of the feudal system, but not through centralization, but through the democracy of the country, which was represented, as they thought, solely by the nobility. Kosáry calls this movement “enlightened RENDISÉG”.⁴⁰

The third tendency in Hungarian Enlightenment meant those that represented a civil reformation of the country and supported the breakdown of feudal constraints. At the

³⁸ See more in Kosáry, 260-300.

³⁹ Although both Italy and Germany were not politically unified in the eighteenth century, they could still be considered as cultural entities.

⁴⁰ Kosáry, 267.

beginning they advocated the reforms of enlightened absolutism but turned more radical as a result of the French Revolution.

Kosáry also mentions a fourth movement represented by the elites of the ethnic minorities in Hungary, which opposed the spread of Hungarian culture at their expense.

These tendencies not only had different influences in political ideas but in practical questions such as agriculture, the media or the establishment of public institutions as well. In the case of social questions the prime influence of Vienna and enlightened absolutism cannot be denied, though traditional Hungarian influence in the attitudes towards people with disabilities are also apparent.

The different predominance of the four tendencies is also to be mentioned. The main line of enlightened absolutism ends with the death of Joseph II. in 1790. The clash of noble opposition and civil reformers is apparent in the period of reforms between 1825 and 1848, and was temporarily decided by the Hungarian Revolution in 1848. The growing influence of ethnic enlightenment is also observed in the mid-1800s.

6.3. Enlightenment and disability

Disability in the Enlightenment was only a part and result of the overall thinking about mankind. Man, whose life became the most important in his life, was freed from all constraints. Man was the greatest and most perfect creation of God, who had no limits in perfection as he was able to use rationality to develop himself and the world around him. As Condorcet stated “nature did not limit the perfection of the abilities of man ... the development of perfection is independent from the will of those that want to stop it, and only the physical existence of our Earth sets a limit to the perfection of man... development can be either slow or fast, but it has to continue and it is impossible to turn back.”⁴¹ Freedom, independence and rationality were the most important characteristics of every man in the Enlightenment. Man was no longer seen and judged as a part of a community, but he was viewed in himself alone. Similarly, the person with disability was no longer seen bound by traditional preposterous fear and hate, but an independent person. On the other hand people with disabilities were also seen as people who needed to be developed either on their own or by others. They needed to be changed to come as close to the ideal of man, man in prehistoric times, as possible even if they were unable to do so. Static state was not acceptable for the Enlightenment, and everyone was forced to have the willpower to change in spite of the slogan of “rationality, tolerance and humanity” as expressed by Condorcet.⁴²

The views of the Enlightenment about mankind definitely had an effect on the thinking about disability as well. La Mettrie in *The Nature of the Spirit* stated that the spirit was not an independent substance, but the working of the spirit was the result of the working of the human body. He added that thinking was also a characteristic of organised material, similarly to electricity, movement and impenetrability.⁴³ This statement was only the first theoretical step in the changing treatment of the insane, who were thought not to be able to be treated by doctors, but by philosophers.

In *Dictionnaire philosophique* Voltaire gave the following definition for foolishness: “it is a disease of the organs of the brain that unconditionally deprives a person to think and act as the others. As he is not able to handle his own possessions, he is put under guardianship; as he is not able to think thoughts acceptable to society, he is isolated from the society; if he is dangerous, he is locked up; if he starts to rave, he is tied up.”⁴⁴ This view is radically different

⁴¹ Lukács, 359.

⁴² Lukács, 359.

⁴³ Nyíri, 259.

⁴⁴ Voltaire, 62.

from the general view about man. Voltaire approached the person as an individual independent from the constraints of society, a person not based in society, not bound by traditions, habits and external expectations. He was a person that functioned just as the others and was therefore complete on his own. Voltaire also added that “the ability to think, a present from God, can cease working just as his senses. The insane is just an ill person whose brain is attacked by the disease...”⁴⁵ By stating that such a person was ill and nothing less or more, Voltaire declared that insanity had nothing to do with a responsibility, and thus he could not be judged.

7. Empress Maria Theresa, Emperor Joseph II. and their medical reforms

Maria Theresa was one of the greatest emperors of reformed absolutism. Being a mother of altogether sixteen children, she was definitely the mother of the monarchy as well. With the help of her many advisors, the best scientists and professionals of their time, she managed to reform and strengthen the structure of absolutism suiting it more to the needs of the time and the people.⁴⁶ The changes and reforms introduced by Maria Theresa covered almost all fields of public life. This included the reform of the high state institutions, the introduction of a civic and criminal law system (Codex Theresianus, Constitutio Criminalis Theresiana), the regulation of education (Ratio Educationis, 1777), the reform of the military after the Prussian model, the reform of state finances to centralize and increase state revenues and a school reform among others.

The work of Maria Theresa was continued by her son Joseph II. Eager to work and create, he continued the reforms of her mother without much respect to the reception of his actions, which is symbolized by the fact that the Hungarian parliament was not called together for twenty-five years between 1765 and 1790. Joseph’s most influential reforms, abolition of serfdom in 1784, obligatory use of the German language in 1784, the further development of *Ratio Educationis* in 1786, the order on the toleration of other religions and the introduction of a tax reform in 1789 were received ambiguously in Hungarian noble circles as these saw a challenge to their fundamental feudal privileges beside the effective good actions.

On the other hand, enlightened absolutism represented by Maria Theresa and Joseph II. did not intend to change the feudal establishment of their countries, but their actions aimed at reforming the most apparent problems of feudal society. “We can now hardly believe that enlightened absolutists used the theories of the philosophers of the French Enlightenment” states Kosáry, and indeed, the role of the centralized government was rather to strengthen the weak bourgeoisie than to take an unsuccessful attempt at changing the feudal system.⁴⁷ Moreover, combined with the resistance of the Hungarian nobility, enlightened absolutism supported the bourgeoisie only as long as it could keep it under control. In this respect it was an upholder of the feudal system of power in reality and could not break through the limits of feudal nobility. Retrieval from fundamental reforms was seen not only in the Habsburg Empire in 1790 as a result of the radicalization of the French Revolution, but also for example in Portugal in 1777 and in Spain in 1788.⁴⁸

⁴⁵ Voltaire, 63-64.

⁴⁶ Her many advisors included Philipp Sinzendorf in the diplomatic area, Johann Christoph Freiherr von Bartenstein and Joseph Wenzel von Liechtenstein as secret trustees, Friedrich Seckendorf in military affairs, Wenzel Anton Kaunitz as her most important advisor in internal and foreign affairs, Joseph Sonnenfels in legislative questions, and Johann Felbiger in educational affairs.

⁴⁷ Kosáry, 273.

⁴⁸ Kosáry, 274-275.

7.1. *The influence of Gerald van Swieten*

Empress Maria Theresa was deeply religious and was also brave enough to put her beliefs in practice. “My soul is in pain as I see how these poor people are handled ... and I do not want to go to hell for the sake of a few magnates and nobles.” wrote the Empress to Miklós Pálffy in 1766 after receiving a group of serfs.⁴⁹ It is true that such personal motives gave great impetus to enlightened absolutist reforms, but it must also be acknowledged that reforms at different levels of state life began independently of the personality of the ruling emperor. Western historiography is quite unified in the opinion that “Maria Theresa was always a supporter of late-Baroque religiousness and did not understand the Enlightenment and new philosophical and scientific tendencies.”⁵⁰

Nevertheless, the personality of Maria Theresa attracted such professionals as the Dutch doctor, Gerhard van Swieten (1700-1772), in which the Empress not only acquired herself a trained *Leibarzt* (personal doctor), but also someone to reform medical education and to introduce general health reforms as well. As one of her closest advisors and friends, van Swieten acted as minister of health and educational affairs in the monarchy. He was director of the court library, directed the reorganization of the University of Vienna, and was president of the court censure committee since 1758. The empress counted on the advice of van Swieten, who was trained by Herman Boerhaave (1668-1738) in Leiden, one of the most influential reformers of medicinal education in the eighteenth century.⁵¹ It is probably also the influence of van Swieten that persuaded the empress to finally solve the question of witches in 1768, as he once said: “the greater the Enlightenment the fewer are trials for witchcraft.”⁵² The personality of van Swieten had great influence on the deeply religious empress and her family. He grew up in an area in the Low Countries that was used to religious tolerance. But his contribution to the Viennese court was rather connected to his enlightened view of the world brought from his native region based on the Newtonian theory than to his personal stance on religion, as some historians have suggested.⁵³ Nevertheless, it can hardly be thought that someone without developed religious thoughts could have such a powerful effect on the empress. Many important areas of state life had to be liberated from the monopolistic influence of Jesuits, whom the Roman Catholic van Swieten attacked only after he saw that they were against overall development. Nevertheless, such attacks came from not the religious, but from the technocrat self of van Swieten.

The positive influence of van Swieten is seen on the husband of Maria Theresa, Franz Lothringen, who was considered to be the first supporter of freemasons in the mid 1700s. Moreover, van Swieten established the foundation for the more radical reforms of Joseph II., who was deeply touched by the Dutch doctor and was acting co-emperor since 1765.

The long-lasting effect of enlightened medical practice was secured by the many scientists that were attracted to Vienna by van Swieten in the mid-1700s, among them the biologist and chemist N. J. Jacquin and the doctor and teacher Anton de Haen.⁵⁴ This made it possible for Vienna to become the most important centre of medical education and practice in Central and Eastern Europe, which is seen even today. Van Swieten also supported young enlightened

⁴⁹ Kosáry, 282.

⁵⁰ Kosáry, 281.

⁵¹ Kosáry, 284-287. The main contribution of Boerhaave to medical science was the introduction of clinical practice to medical education and the inclusion of the results of other natural sciences in medical practice. He also taught many famous doctors of the century such as Carl von Linné and Albrecht von Haller. It was also another student of Boerhaave, Anton de Haen (1703-1776), who was called by van Swieten and became his successor in most of his functions after his death. (Schott, 203, *Maria Theresa...*, 469.)

⁵² Zsakó (1916), 554.

⁵³ Kosáry, 285-286.

⁵⁴ Kosáry, 285-286.

intellectuals such as Ádám Kollár, and István Werbőczy independently of their ethnic origin, social status or religion.

7.2. Medical and health reforms of the enlightened absolutist government

Associations and guilds of surgeons were the dominant elements in the medical profession from the 1400s to the 1700s. Although they required a certain professional standard from their members, they also monopolized the medical field and their once modern methods became orthodox in due time. As medical treatment itself became a market, competition was not well received by the guilds who tried to limit the availability of doctors. Lack of ample professionals and traditional skepticism towards new scientific methods stimulated by the hostile attitude of the church also hindered the spread of new ideas especially in rural areas. People were always much more trustworthy towards their respected neighbors than to unknown practices from foreign “professionals”. Personal motives and feelings counted much more than scientific arguments at a time when science has not spread, scientific thinking was not taught and science itself did not prove its usefulness. Nevertheless, increasing pressure from the enlightened absolutist government invoked transformation in this respect as well. Guilds and associations were threatened by moving “surgeons” and quacks working in markets as well mostly without any certificate or formal education. On the other hand, such amateurs and fakes were increasingly required to have certificates.⁵⁵

The first and most important move of the Habsburg government in Hungary was the establishment of the Council of the Governor General in 1724, which transmitted the orders of Vienna to Hungarian territories and was responsible for their proper manifestation. The position of *regni protomedicus Hungariae*, a single person responsible for the medical situation in Hungary had to wait until 1786.⁵⁶ From 1724 village communities were responsible to care for their own poor and sick inhabitants. The first regulation of medicines, pharmacies and tariffs for treatment in Hungary was published in 1745 by János Torkos Justus with support from the government. It was reinforced in 1766 and in 1769 by Maria Theresa and was renewed in 1774-1775 and in 1786 as well, the latter by Emperor Joseph II. An order by the Council from 1752 also stated that any doctor who cured the poor for free and operated a pharmacy was to be paid by the county.⁵⁷

The introduction of the Regulation of Medicinal Occupations in 1753 set the basic responsibilities and tasks of all persons in the medical field, doctors, pharmacists, midwives and surgeons. The centralized nature of this regulation followed the structure of the Medicinal Order of Prussia from 1725.⁵⁸

In 1766 Maria Theresa ordered to construct a list of all baths and medicinal waters in Hungary.⁵⁹ Emperor Joseph II. also requested the sanitary review of all baths and supported trade of mineral waters.⁶⁰

The work of van Swieten was also the main motive behind the introduction of a patent for the general reanimation standards in July 1769.⁶¹ It followed on the fear of being buried alive, most relevant in the cases of drunken people, and set the basic norms of ambulance activities. Probably the most influential achievement in the medical field was the *Generale Normativum in Re Sanitatis* was initiated by the Hungarian General Council and written by József Hódosi

⁵⁵ Linzbauer, 49-50.

⁵⁶ The first *protomedicus* was Gábor Vezza, trained in Vienna. Korbuly, 400.

⁵⁷ Korbuly, 399.

⁵⁸ Ibid, 474.

⁵⁹ Linzbauer, 67.

⁶⁰ Linzbauer, 67.

⁶¹ *Maria Theresa ...*, 474.

Skollanich in January 1770. It set the basic standards for doctors, midwives, state institutions and pharmacists and once more made it obligatory for doctors to have diplomas.

To curb the devastation of epidemics, Maria Theresa ordered the slaughtering and annihilation of infected animals in 1771. It was a student of van Swieten, Adam Chenot, *Protomedicus of Transylvania*, who suggested an answer to the ever-resurgence of the pest in neighboring Turkey in 1788 by the use of the military border zone of the Seclers also as a sanitary zone against epidemics.⁶²

Putting theories and such governmental orders into practice was difficult and their success depended on the ability to overcome traditional beliefs and fundamental skepticism towards government institutions represented by the Habsburgs, who were never well-received in Hungary by the people.

7.3. Reform of the medical institutional structure in the Habsburg Empire and care for people with disabilities

Reforms also made it necessary to create a proper institutional system by the government. As mentioned before, state activity in this field was restricted to temporary actions during times of war and to a few hospitals in the local governments. But in order to change the overall medical situation of the Habsburg empire the foundation of institutions for medical education and state hospitals became inevitable.

One of the main achievements of Maria Theresa was the establishment of the Practical Pharmaceutical School in April, 1753, as van Swieten acquired space in the public hospital “Bürgerspital” in Vienna and began a practical teaching of medicine. This institution was later taken over by the faculty of the University of Vienna and developed into the prestigious *Universitätsklinik*.⁶³ The opening of the Vienna Medicinal School in May, 1754 was also a sign of the close cooperation between the Empress and her advisor and was the birthplace of the Old Viennese School of medical education, represented by van Swieten, de Haen, van Storck, Auenbrugger and Peter Frank.⁶⁴ Already a famous doctor in The Hague and a friend of van Swieten, de Haen became the director of this institution as his first position in Austria.⁶⁵

The great animal epidemics of the early 1760s led to the establishment of a school for the curing of horses, later developing into the Medical College for Animals. A royal order from 1763 required the establishment of orphanages.⁶⁶

It was the work of Emperor Joseph II. to turn the “Great Poor House” into the *Allgemeines Krankenhaus*, General Hospital. The institution for almost two thousand people was established in 1784 and included a separate tower for the insane, where people were held on chains in separate cells.⁶⁷ This became known as the *Narrenturm* (“Tower of Fools”) in Viennese common language.

The first institution specializing in birth was opened in 1784, and the first school for the education and treatment of the deaf and dumb was established in 1779 in Vienna.⁶⁸ Psychiatric institutions founded under the enlightened absolutist government in Vienna in the late 1700s received patients from outside Austria as well until the large number of applicants forced their establishment in other territories of the Habsburg Empire.

⁶² Ibid, 475.

⁶³ Ibid, 468.

⁶⁴ Schott, 218.

⁶⁵ *Maria Theresa ...*, 470.

⁶⁶ Linzbauer, 34-44.

⁶⁷ Schott, 236.

⁶⁸ Korbuly, 416.

7.4. Changes in medical education and in the institutional system in Hungary initiated by the absolutist regime

Korbuly calls the establishment of the Council of Governor General for the Kingdom of Hungary in 1724 in Pozsony the medical faculty of Nagyszombat University in 1769 as the two most important institutional events in the history of medicine in Hungary.⁶⁹ The establishment of the medical faculty was most expected as a document from 1747 reported that there had been entire counties existing without trained doctors and surgeons.⁷⁰ Still, by the end of the century larger towns had their own hospitals, though dark, cold and crowded. The university was moved to Buda in 1784 and upon a visit by Emperor Joseph II. in 1787 it was once more relocated to Pest next to a hospital operated by the Jesuits.⁷¹

The medical faculty operated under close supervision from Vienna and was never allowed to develop as so far as to challenge the authority and superiority of the University of Vienna. The language of education was German for many decades and was only changed to Hungarian in the first half of the nineteenth century. Clinical education was started only with a few beds in a public hospital in Nagyszombat, and after relocation to Buda it still had a mere twelve patients in today's Szent János Hospital. The situation experienced in the Rókus Hospital that served as the clinic of the medical faculty of the university from 1787 was quite unbearable.⁷² Corpses for dissection were scarce and often smuggled. A royal edict also forbade graduates - similarly to graduates of other universities - to work in Austria without a certificate from the University of Vienna. The use of barbaric methods in the treatment of psychotic patients was explained in part by the great general distrust in public institutions, therefore the best professionals did not take part in such work.⁷³

Patients of psychiatry and the mentally disabled were held and treated separately from criminals from 1806, but the opening of the first state institution for these people had to wait until 1868. The first census for the mentally disabled was carried out at the beginning of the nineteenth century in Moson County with not trustworthy results.⁷⁴ At the end of the nineteenth century the mentally disabled were still rarely treated in institutions, and in 1878 75% of them lived on the street as beggars.⁷⁵

The physically handicapped were not considered among the other disabled categories. In his book about disabilities from 1884 Jakab Frim, a well-renowned expert of the subject and the founder of the first institution for the mentally disabled lists only the blind, the deaf and dumb, the mad and the retarded as physically disabled, and he does not mention others with only motor problems.⁷⁶

8. Views about disability and attitudes towards people with disabilities

As the term *disability* was not widely used in the late eighteenth and early nineteenth century, there was no unified view about people with disabilities themselves. Although there was the traditional view of the church that the different disabilities were not to be cured but wiped out, and that people with disabilities were inherently sinners, in reality they were viewed

⁶⁹ Another medical school initiated by Ferenc Markhót was planned in Eger in 1769, but it was eventually not allowed to receive royal approval despite of somewhat better institutional and financial backgrounds. The reason, as in many times in history, was once again politics. Korbuly, 397.

⁷⁰ Korbuly, 397.

⁷¹ Korbuly, 399.

⁷² The ill had to bring their own beds to sleep on, and there were even beds with several levels. Psychotics were also chained to their beds to save space and as treatment. There are also reports about a cage in the courtyard where psychotics were held but only for a month as they either died or were sent home. Donath, 169.

⁷³ Hollós (1914), 102.

⁷⁴ Kulcsár, 235.

⁷⁵ Frim, 91.

⁷⁶ Frim, 84-86.

differently according to the type of their defect. The gradually fading word of the church could no longer determine personal experience, though it had an effect by fuelling prejudice against people with disabilities.

The other opinion was influenced by the Enlightenment that shaped the policies of the enlightened absolutist government in Hungary as well. In their practice the person with disability was no longer an alien as it was believed in earlier times, and he was neither considered a god. He was also not taken as someone with a sin anymore, as it had been seen in the Middle Ages, although the execution of witches had just ended as the result of the Enlightenment, and as one of the latest in Europe.⁷⁷

Five categories can be observed within people with disabilities according to the basic attitude towards them.

1. The physically disabled were considered normal people and were given work according to their abilities. They were looked with sorrow, which nevertheless did not determine basic attitudes towards them. The lives of relatives of physically people with disabilities did not differ from the others. The large number of people ill and physically disabled did not make them an unusual phenomenon in everyday life.
2. Those with serious physical disabilities called *monsters* were generally seen as curiosities of nature or as interesting objects. They were shown to the public for money and their treatment was similar to that of circus animals. Their personality was not important and human communication with them was not in the interest of their *owners*, sometimes the parents themselves. Families with such children often tried to sell them and were generally ashamed of them.
3. The case of the blind was also different. They were taken as human beings with a personality, but the necessity to provide constant care was often difficult having a long-lasting effect on the family as well.
4. Communication with the deaf was almost impossible two hundred years ago and this problem has still not been solved adequately today. As deafness was almost always combined with being dumb, they could be only understood through visual means. This was very tiring and, until the discovery of a uniform sign language, almost impossible. A traditional answer to the problem was no communication at all, which also meant that they were counted among the alien, the non-cooperating part of society. The positive effect of the Enlightenment is seen here the most, as successful efforts were taken to encourage communication and human understanding.
5. The case of those with mental disabilities has always interested societies, as if was briefly described earlier. Treatment and view of psychotics was always determined by much prejudice, and the Enlightenment could not make a fundamental breakthrough in this question either. As a result of enlightened thoughts treatment was altered in this respect to become more humanistic, but this only meant a change in the mode of dealing with the object of the body of the person and not the person as a whole. The insane could still not be considered as people, though humanistic treatment gradually brought a change in relationship at both sides. Only the wide-range practice of psychology could break the walls around the insane in the twentieth century. Those with an intellectual handicap were treated differently as a result of the Enlightenment. Institutions for their education opened the possibility for them to become useful members of society, which placed them in a different light in the view of ordinary people.

⁷⁷ The last execution of witches in England took place in 1712, in France in 1718, in the German bishopric of Würzburg in 1749, and in the Swiss canton of Glarus and the German abbey of Kempten in 1782. Im Hof, 185.

It was quite difficult to determine a hierarchy among the different disabilities. A weekly newspaper in 1859 wrote that “among all human miseries and physical disabilities the most miserable is the life of the deaf and dumb, who ... is lacking the possibility to use his mental and physical abilities wonders around parties of people as an outcast not knowing happiness or sorrow. ... Hundredfold more sorrowful state than even that of the born blind!”⁷⁸ Accepting this opinion I will focus on the deaf and dumb.

8.1. Disability as an illness

Attitudes towards people with physical disabilities in Hungary in the eighteenth and early nineteenth century were greatly in parallel with those towards the ill in general. There was no clear distinction between someone who was sick and one who was disabled physically. At a time when illnesses often lasted for several months, as opposed to the few days experienced nowadays, it was not easy to determine who was sick and who was disabled. A case from 1544 talks about an illness that lasted for several months.⁷⁹ In 1654 another noble woman wrote that she became ill and she only got somewhat better after three weeks.⁸⁰ This means that it would take at least another three weeks before she can work again. One and a half months of time lost to a minor illness represents a lot compared to the just few days today. As overall public health among the lower classes did not change much in the eighteenth century, it is appropriate to assume a similar attitude. The sick person often had to stay in bed for months and his treatment depended on the economic abilities of the family as well as traditional healing methods. Illnesses were mainly cured by staying in bed, rather than taking medicine. The serfs, as Tessedik observed in 1786, would “rather believe in God and die than to turn to a doctor for help.”⁸¹ People of the age often relied on different traditional medicines and methods to cure illnesses, among them disabilities often caused by accidents.

Of the 499 letters by noble woman from the sixteenth and seventeenth centuries none talk about the physically disabled directly, but many mention illnesses that would be considered disabilities today. Disability and illness both carry a meaning of not being “normal” or “healthy”. At a time when the plague and other epidemics still took more deaths than wars, it was very important for the people to be in good health and illnesses were described in detailed form.

On the other hand, death also occurred often among the lower classes and people had a natural relationship towards death. They accepted it and did not take it as something unusual. The body itself suffered more than today, thus it was not out of the ordinary to experience such suffering. People did not deal with it as much, and they did not look at it as something extremely bad. The soul and the mind were far away from the physical self of the body, and they were not even considered as part of it, but of divine origin. The body was used rather than its state pursued as a goal. People of the age subordinated their bodies to the tasks they had to do and they considered flaws in the body structure (e.g. *disabilities*) as natural phenomena of the body whose prime object was to serve. They cared less about them as they could not do much to change the well-being of their bodies. The body itself received less respect also because in case of death, there was always a possibility to replace the person with someone else. The lack of education and possibilities to develop one’s personality did not allow for members of lower classes to become individuals whose integrity included a healthy body as well.

⁷⁸ Vasárnapi Újság VI. 28. August, 1859. 414.

⁷⁹ Deák, 72.

⁸⁰ Deák, 297.

⁸¹ Tessedik, 45-47.

Differentiation between illness and disability was also closely related to the development of public health in Hungary. As a result of the Enlightenment people became more important in general. The rise of national liberalism encouraged self-identity and raised self-importance. It became clear that everyone counted, that everyone had a task in his life, and that lives were not to be wasted. Increased attention to the self raised awareness in the differences between people as well, bringing about a characterization of disabilities.

8.2. Disability as an inferior quality

Certain types of disabilities carried a meaning of being of an inferior quality. Of the several hundred entries in the collection of Gyula Magyary-Kossa of names of illnesses in the eighteenth century a considerable number indicate disabilities, mainly madness, stupidity and epilepsy, while a smaller number signify physical defects.⁸² Similar tendency is seen in the collection by Ferenc Pápai Páriz from 1782. Entries mainly indicate external deformities, *defectus*, carrying the meaning of *separation*. The wide range of vocabulary for different physical handicaps indicates detailed knowledge based on common experience. It is also a sign that disabilities and people with disabilities were not an unusual phenomenon during the century.

Differences between names of physical and mental illnesses show that the latter carried a judgment of the person as a whole, who was thus considered inferior to the rest, while physical illnesses, illnesses of *organs* rather signified a mere problem with just a part of the body and not the person in general. At the heart of the problem laid the question of definition of man. The early nineteenth century was faced with this question as the development of medical science started going deep into the anatomy of man. The soul had always been searched for in the person, but the biological or divine nature of man could not be decided. Physical parts of the human body could be healed, but treatment for the entirety of man was not found. Some supported the view that man was a biological creation with a physical place for its humanity either in the heart or in the brain, which could then be treated by scientific methods. Members of the church denied this and advocated treatment through spiritual methods practiced by priests and philosophers. Physical disabilities did not affect the personality of the person as opposed to mental defects. Vocabulary shows the traditional attitude, while the spread of enlightened ideas experienced in public institutions for people with disabilities indicate another opinion.

The physically disabled were therefore not considered different from healthy people and were not specially mentioned. Another main difference is that in the case of physically disabled the handicap is visible and obvious at first encounter, while with people with mental handicaps it is only evident after further contact with a more striking effect. Nevertheless, names such as “born of a monster” also indicated an attitude which considered the person as an entity and not one with a body, a mind and a soul, and were also first-hand judgments of the disabled person.⁸³ With the rapid development of medical knowledge brought about by the Enlightenment names of illnesses indicating the way people looked at illnesses and disabilities in general, changed to become scientifically more precise and less showing opinions.

Uncertainty in the usage of words lasted throughout the nineteenth century due to the comparably late spread of the essence of the Enlightenment. Words used for disabilities often carried different meanings than today, for example in the case of *idióta* (“idiot”), which simply meant that someone was not educated as opposed to its pejorative connotation today. The term *debilis* (retarded) used to mean weakness and lack of power as opposed to judging

⁸² Magyary-Kossa, 283-315.

⁸³ Magyary-Kossa, 304.

the person's intellectual capacity today.⁸⁴ Phenomena of the mind were signified by paring them with phenomena of the body. According to the work of Kende from 1901, *degeneration* was reported to mean *minor value*, while in Western Europe the physician Bidon used it as *turning to ill forms*, and the philosopher Näcke as *minor immune ability*.⁸⁵ In popular usage the word also meant *not responsible for one's actions*, and *a child turning against the parents*, while its official meaning a *one-sided person* or someone with *lack of talents, too vivid fantasy, melancholy, strange affections, confuse thoughts, unpredictability*.

8.3. Disability and being extraordinary

In spite of the spread of enlightened thoughts, the traditional view of disabilities as inherent synonyms of the Devil could not be erased at once. People with disabilities, and especially the deaf and dumb and the mentally handicapped, were often compared to animals, beasts, or some other inhuman characters real or unreal.

On a voyage to Paris in 1826 Ferenc Bene took the opportunity to visit madhouses where he expressed sorrow for the "cretin elements and ... imperfect people" under treatment, but was also surprised by the voluntary help they were giving to each other.⁸⁶ The underdevelopment of natural sciences caused people to consider people with disabilities as extraordinary subjects. This often happened in the case of psychotics, retarded and, of course, the *monsters*. In 1839 an article in *Orvosi Tár* (Medical Store) characterized psychotics as either curable or not. In the latter case the medical profession could not do anything, but "success of treatment depended on the stimulation of spiritual abilities".⁸⁷ A report from 1816 in a weekly newspaper about Siamese twins born dead in Transylvania also expressed much interest of the author about this "extraordinary phenomenon."⁸⁸ Making fun of people with serious physical handicaps was a regular pastime in markets well into the nineteenth century.

Similar astonishment is expressed in his famous letter to the county gathering in 1801, when András Cházár wrote the following: "The deaf and dumb so unfortunate were deprived of a sense, that of hearing, through which also their tongues were bound. This caused them to remain in an animal-like state as they could make little or no use of their reason, the picture of God, and ... would be forced to live as burdens to themselves as well as to their companions. It is important to ... raise these people from terrifying skeletons to real humans."⁸⁹

8.4. Disability and regret

The most usual first reaction to seeing someone with an apparent disability is regret. "How could one feel himself happy if he can look through an unhappy person who can be helped without regret?"⁹⁰ wrote Cházár in a letter from 1791 as an indication that the rationalism of the Enlightenment did not necessarily mean the deterioration of human feelings. "I had no bigger desire in my life than to help those who live an unfortunate life without being responsible for it. I always felt sorrow for ... beggars, orphans, those living alone."⁹¹

8.5. Disability and limited rights

Considering stupidity Franz Linzbauer, a very much respected professional authority in the field of law, wrote in 1867 that it was a "combination of the defects of the body and problems

⁸⁴ Subotits – Göllesz, 129.

⁸⁵ Kende, 494.

⁸⁶ Horánszky, 208.

⁸⁷ *Orvosi Tár* 1839/2, 13 January, 31.

⁸⁸ Farkas.

⁸⁹ Borbély, 71.

⁹⁰ Borbély, 59.

⁹¹ Borbély, 59-60.

with the spirit.”⁹² He also stated that in different countries the sick and those with physical defects had limited rights, and he advocated a limitation of their freedom to marry and live independently by regular controls from the police.⁹³

Other works from the middle of the nineteenth century also show a similar attitude. A novel by Lajos Tolnai from 1867 suggested that there were many people with minor physical deformities, among them the lame or humped, and those involved had serious problems in getting married. The novel also suggested that the handicapped could also take their future into their hands, stand up for their rights and earn the respect of the village community.

In an answer to András Cházár requesting funds, István Palásthy, vice-bailiff of Hont county wrote that “the education of the deaf and dumb cannot be the task of modern society, as it would be better to settle the situation once and for all in a Spartan way in order to decrease the burdens of the healthy.”⁹⁴ Such a traditional attitude towards the education of the deaf and dumb was described by Antal Simon in his inauguration speech in 1802 as “many consider this branch of the science of pedagogy more a dry mechanical practice than a basic method of education.”⁹⁵ Later on he continued that these people think that “the deaf and dumb become even unhappier through such a method of thinking as they must realize their own disability, and the superiority of others. ... Most deaf and dumb are useful to human society as farm animals, but their spiritual talents should not be developed.”⁹⁶ Simon finished with the idea that religious people must accept that fear against eternal punishment can be developed in the spirits of the deaf and dumb as well.⁹⁷

8.6. People with disabilities as possible useful members of society: the establishment of the School for the Deaf and Dumb

The idea of offering working opportunities for people with disabilities was not altogether new in nineteenth century Hungary. Sámuel Tessedik suggested already in 1786 that the blind should also be taken to the house of the poor as such a person was not “disabled but impaired in sight” and thus they were able to do useful work.⁹⁸ On the other hand, this was rather difficult as the kind of works available did not allow for the healthy to do things they were really good for, but only what had to be done. Choosing one’s own profession was not so obvious at the beginning of the nineteenth century as the things to do around the house which affected interests, and family- and community traditions also limited choices. Results of the reform of public education were so weak that the first *Ratio Educationis* from 1767 that it had to be reinforced by another in 1786. Still, work in the early 1800s was not a question of talents, but a physical and existential necessity. Finding proper and useful things to do for people with disabilities was even more difficult.

The phenomenon of useful work effective in the sense of personal ability is closely related to being someone. At a time of limited education a person was not an *individual*, someone with a personality, but one among the others. As spare time and work were not separated, personal interest was naturally influenced and determined by everyday activity based on traditions. Pastimes were not in question at the time, as only the well to do could afford to pursue interests not bringing immediate material results. The term *hobby* became a phenomenon only in the twentieth century when the necessity arose to do useful things in one’s time outside of work and family.

⁹² Linzbauer, 81.

⁹³ Linzbauer, 81.

⁹⁴ Borbély, 74.

⁹⁵ Borbély, 81.

⁹⁶ Borbély, 87.

⁹⁷ Borbély, 87.

⁹⁸ Tessedik, 101.

The right and need for education of people with disabilities is seen in the line of thought by Cházár from 1799, obviously inspired by Rousseau, when he reasoned with the following: “Man was created with special gifts, among them wisdom and the ability to live a happy life. ... Happiness depends only on the enlightenment of the mind and the elevation of the heart. This is only possible through active education ... practiced by brotherly love.”⁹⁹ In his above-mentioned inauguration speech Antal Simon expressed a similar view about a deaf and dumb child.¹⁰⁰

He is born in an environment of love expressed by his parents and nurses but after a while he sees that they must cry because of him and that their hearts are filled with sorrow. The same parents and the household not only deny him the childish signs of care, but turn away in their boredom. Therefore his contemporaries and fellow playmates make fun of him and ... he starts to constantly worry about himself and goes so wild as to take off all his humanity ... and moves away from the others in his self-mourning. ... Although he uses his eyes, he receives only temporary pleasure due to the lack of the ability to think. ... As he cannot enjoy the virtues of Christianity, he feels hundredfold if his sensations are limited.

8.7. The significance of András Cházár

The institutional changes initiated by the reformed absolutist government changed the attitude towards disabilities only slowly. Parents of disabled children wrote desperate letters to András Cházár (1745-1816), the enlightened philanthropist lawyer from Rozsnyó (Roznava), who initiated the establishment of the first institution for people with disabilities in Hungary in 1802. Cházár was described by one of his close friends as a person with such enlightened virtues as “thirsty for the light of truth”, and one who felt it important to serve his nation and his fellow countrymen.¹⁰¹ His idea came to establish an institution for the deaf and dumb came from a journey to Vienna in 1799 after the death of his third and most beloved wife, when he visited the institution for the deaf and dumb. It was a specialised school with great respect in Europe where Hungarian children were also educated. Cházár kept close contact with the representatives of Hungarian Enlightenment, especially Ignác Martinovics, and he already suggested political reforms in a letter to parliament in 1791.¹⁰² In this letter Cházár also suggested that prisoners should not only be kept in their cells, but should also be given work which was useful both for the society and themselves.¹⁰³ He advocated the improvement of the state medical system and the exclusion of “magicians” from medical treatment. In the above mentioned letter to Parliament in 1791 Cházár also wrote about the necessity to set up an institution for those in need.¹⁰⁴

Some unfortunate children were raised without parents, thus they should be counted among those under guardianship. It would do a great deal for human dignity if [Parliament] could take these children into its own care and raise them in orphanages, and if they could not have been treated, keep them there until death. These unfortunate would be free from those unfortunate events that touch them and others. The poor parents would be freed from the burden of care and could follow their usual activities. Orphans and those with unfortunate parents are also to be counted here: the blind, the crippled, the handicapped, etc.

⁹⁹ Borbély, 70.

¹⁰⁰ Borbély, 82.

¹⁰¹ Speech by Pál Magda entitled “Memorial Column” for the 70th birthday of András Cházár. Jakab, 3.

¹⁰² “Don’t you lords know that originally all peoples were equal: don’t you know that lordship itself is the foolish result of vague times...” Borbély, 40.

¹⁰³ Borbély, 43-44.

¹⁰⁴ Borbély, 59.

As we see here, the main reason for the establishment of institutions for the unfortunate including people with disabilities was, that this way both the children and their parents could live a normal and productive life. The urge for everyone to become useful was the main motive behind the work of Cházár, and not the vague phenomenon of humanity. This thought was in line with the economic ideas of the Enlightenment, which advocated an economy free from constraints and guided by individual entrepreneurs.

The institution for the deaf and dumb in Vienna had a great effect on Cházár, as he wrote.¹⁰⁵

All the wonders of Vienna disappeared as I visited the School for the Deaf and Dumb. I was puzzled by my pity, surprise and could do nothing but stare. I saw that in those that were missing the fifth sense [of hearing] the picture of the Main Reality, the wise Spirit was buried. These people could transmit the messages of the Spirit in signs instead of spoken words. They write, count, play cards with each other or with anyone else, write letters ... I saw that these unfortunate but happy people expressed their ideas through signs and writing ... I saw that the deaf could listen without hearing, the dumb could speak without talking. I saw one word that they are taught the responsibilities for God, Man and themselves, religion, handicrafts, etc. just as anyone else. ... L'Epée, the French abbey ... made human out of man, civilian out of burghar, the deaf able to hear, the dumb able to speak with his heavenly discovery. ... Before this, these unfortunate only meant a burden for society and for themselves. This discovery made them what they should have been made.

In his answer to the request of Gömör county to reinsure his intention to establish a foundation for such an institution Cházár wrote on 10 February, 1800 the following: “My problems were shared by the father of the country, father of those unfortunate that were punished by nature with dumbness. ... Happy is a country that can hope to see return its citizens taken by nature through the divine care of its lord.”¹⁰⁶

The main contributors to the cause of people with disabilities were students, high priests and certain towns.¹⁰⁷

8.8. Support from the absolutist government

The final order of Emperor Franz I. dated 27 October, 1800 number 24112 stated the following:¹⁰⁸

The establishment of such an institution is necessary because without it those unfortunate people deprived of the ability to hear and speak would grow up away from human society and a natural environment. At this time these people do nothing and live without religious and moral knowledge, and follow only their own instincts and desires according to the abilities if they are not held back by force. On the other hand, if they receive proper education and upbringing and therefore they are moved through their mental and physical abilities, knowledge of religion, morals and sciences, they could become useful both for themselves as well as to their fellow citizens.

¹⁰⁵ Cházár in a letter to the newspaper Magyar Kurír from Vienna on 24 September, 1799. Borbély, 60-61.

¹⁰⁶ Borbély, 64.

¹⁰⁷ Borbély, 75.

¹⁰⁸ Borbély, 67.

The institution for the education of the deaf and dumb, “the sacred temple of human love”, was established in Vác, and was supported in part by the government after the example in Vienna. Its first teachers were mainly Austrian who taught according to Viennese methods. The first director until 1808, Antal Simon, studied both in Vienna and in the Piarist middle school in Trenčín (Trnava), where he was greatly influenced by the ideas of the French Enlightenment.¹⁰⁹ As reputation for the institution grew, so was the question of relocation to Pest raised many times over the next decades, but it was never accomplished. The fact that Cházár was not respected by his colleagues indicated that such initiatives were not received with unanimous enthusiasm and that many still considered people with disabilities as being inherently wrong and responsible for their own disability. Such an ambiguous attitude affected the budget of institutions as they were rather financed through private donations than through government taxes. On one hand this meant that until the 1870s such institutions were established by private people, and on the other that their spread was very slow in the nineteenth century and many had to close only after a few years of operation. As in the case of other institutions for people with disabilities, for the blind and for the mentally challenged, it was more important for the Habsburg government to declare its reformist ideas than to actually do much about it. Influence of other interest groups among them the church could successfully halt development in this field. Dedicated professionals raised on enlightened ideas had to fight for the same goals for decades although theoretically everyone agreed with them. A conference in June 1848 about education still had to state that “The main reason for the education of deaf and dumb children is to raise intelligent religious people. Therefore we must work on (1) that the mental powers of the deaf and dumb be raised and (2) that even the poorest of them be taught such an ability, profession or art that could secure their future and to fulfil their responsibilities to the nation while not endangering their physical state.”¹¹⁰ The final declaration of the conference also included the education of teachers in the deaf and dumb, and the regulation of the education of the deaf and dumb by Parliament.¹¹¹

8.9. Other initiatives

Other initiatives to educate the deaf and dumb include the one by János Németh in Jánoshida, who was reported to have taught a deaf and dumb girl to read and write already in 1786.¹¹²

The Calvinist priest *N. F. I.* in the village of Ökörág published the following notice in 1830: “... The deaf and dumb could not learn to speak because of the inability of their eardrums (tympanum auris) to select between sounds and resonance. ... The eternal work of the spirit is shown in the existence of dreams. ... If someone is lacking one of his senses, the others try to help this person in everyday life. ... Those deaf and dumb who know to write down their spiritual thoughts could also be taught to speak clearly. ...”¹¹³

An institution in Liptószentmiklós (Liptovsky Mikulas) in Upper Hungary stood for thirteen years between 1835 and 1848 on a private initiative.¹¹⁴ Here Móric Mauksch taught the deaf and dumb to speak, read and write according to his own method and rose to national and international reputation in the middle of the 1840s. Still, the school had to close for lack of finance.

Besides these, several other schools were set up and courses were taught in Hungary in the first half of the nineteenth century. Still, the establishment of major state institutions had to wait until after the consolidation from the War of Independence in 1848-49.

¹⁰⁹ See Gordosné (1972).

¹¹⁰ Borbély, 334-335.

¹¹¹ Borbély, 335.

¹¹² Taken from *Merkur von Ungarn* (Courier from Hungary) 1786/5, 49. In Borbély, 353.

¹¹³ Taken from *Hasznos Mulatságok* (Fun and Use) 1830/II. 363. In Borbély, 353-354.

¹¹⁴ Borbély, 357.

8.10. Care for the blind

Institutional care for the blind was initiated by Rafael Beitel and with strong support from Palatine József of Hungary, it was established in 1825 in Pozsony.¹¹⁵ The initiative also came based on the example in Vienna, where Beitel used to teach. Already in 1827 it was moved to Pest, and in 1873 the institution was named a state institute and was placed under the authority of the government. The institution offered specialized healthcare, elementary and professional education for the blind that were also given work. There was two-sided reason for the employment of the blind. From the point of view of the person it was to raise him from the state of animals by giving him work that was useful for the society and from the other side employment of the blind made it unnecessary for the society to use the workforce of a healthy person to care for a disabled one. Still, at the time of nationalization in 1873 only 0,5 percent of the blind received proper education in Hungary due to the slow involvement of the state in such affairs.

9. Conclusions

Attitudes towards disabilities changed a great deal as a result of the Enlightenment. The traditional view of the church and most of the population was challenged by new ideas based on the same values. This split the society and with the spreading of public education initiated by the reformed absolutist government, it slowly changed attitudes towards those with mental or physical disabilities. The main idea of the Enlightenment to become useful members of society changed the lives of the deaf and dumb, the retarded, the physically disabled and the blind, which now had the possibility to study and do valuable work suitable to their personal abilities. Treatment of the insane also changed with new ideas as the use of force was gradually excluded from therapy and overtaken by psychology and psycho-therapy.

On the other hand, the late eighteenth and the nineteenth century represented a period of constant change in the view of people with disabilities. Basic attitudes listed signified the presence of various ideas, those of the church, traditions, philosophers and scientists. Changes in most areas of public and private life brought a change to the overall view of man as well, to his purpose of being.

The eighteenth century and reformed absolutism saw the emergence of a new attitude towards disability not only from the part of the state, but from the church and science as well. Myth and slowly gave way for a more humanistic way of looking at disabilities. The state began to take its duties seriously and took up a centralized care for such individuals. As a result, the first state institutions were opened in Hungary, one for the deaf and dumb in Vác in 1802, for the blind in Pozsony in 1825, and also for the mentally disabled in Pest in 1875.

Science also benefited from this new way of handling public affairs. Special education was born which recognized the need for a different medical care for people with disabilities, and doctors started research into the possible biological reasons of these illnesses. The very fact that disability was no longer considered as a punishment from God, but was recognized as an illness led to a different attitude.

Nevertheless, it still took more than a hundred years to free such institutions from their prison-like character, and it was well into the twentieth century when the need for individual care was recognized. The treatment of people with disabilities in Nazi Germany aiming for racial hygiene represented a great setback in the field.

Even today people with disabilities are generally not treated as equal, but are neglected in most of the cases. The communist experiment in Hungary between 1947 and 1989 considered

¹¹⁵ Gordosné, 78.

that psychiatrics did not exist under socialism, and thus the regime did not have to deal with them. They are not given proper daily work, and their choices are limited. It is difficult for them to grow and find their own way in life, where they can be useful for others and for the society, and thus build up a self-confidence that lies at the very heart of every person considered physically and mentally healthy.

The world still has a lot to learn from the experience of Francois Pinel in the French Revolution. “Everyone is disabled” says a famous slogan and it should definitely be understood and built into the mind of everyone in order to accept other people. Only this way can we omit basic mistakes such as one in a historical publication that can make the moral judgment that children born with disabilities are “wrong creatures”.¹¹⁶ The question of László Benedek from 1923 still stands: “Is there a real borderline between those spiritually ‘normal’ and ‘ill’?”¹¹⁷

It is also only through understanding and respect that we can appreciate the qualities and products of psychiatrics and people with disabilities, such as their artwork, the first of which were published in 1922 by Hans Prinzhorn showing the inner world of these people.¹¹⁸

¹¹⁶ Schott, 156.

¹¹⁷ Benedek, 13.

¹¹⁸ Schott, 407.

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